School of Nursing
INSTITUTE OF PUBLIC HEALTH & HYGIENE

विज्ञानं यज्ञं तनुते

APPLICATION FORM FOR ANM PROGRAMME

1. Name of the Candidate   : _____
   (IN BLOCK LETTERS)   _____

   > Affix here Recent Passport size color Photograph with name and date at the bottom

2. Father's Name   : _____

3. Mother's Name   : _____

4. Date of Birth as per class Xth   : _____
   (Attested copy of certificate to be attached)

5. Age as on 31st December 2015   : Year_____Month_____days_____

6. Whether belonging to Gen/SC/ST/OBC/PH: _____
   (Attested copy of Certificate as per in case of SC/ST/OBC/PH to be attached)

7. Board/Percentage/Year of Passing : _____
   Class Xth
8. Total Marks in Class Xth   : _____
9. Board/Percentage/Year of Passing
   Class 10+2   : _____
10. Total Marks in Class 10+2
   (Attested copy of Certificated to be attached)

11. Fee Amount Rs._____Bank Draft No_____
    Date of Issue _____Name of the Bank_____

12. Correspondence address with Phone :_____
    Mobile No. & Email ID   _____
                                 _____
                                 _____

13. Identification mark   : _____

I hereby declare that all the statements made in this application are complete, correct & true to the best of my knowledge and belief. I understand that in the event of any information being found false / incorrect at any stage, or not satisfying the eligibility criteria my candidature is liable to be cancelled.

Date :- _____

Place : _____

Signature of candidate